



PUBLIC INFORMATION REQUEST

ARIZONA DEPARTMENT OF TRANSPORTATION

Name of Requester:	
Address:	
City, State, Zip:	
Telephone:	()

Date of Request:	
Purpose of Request: (commercial / non-commercial)	

Location:	
Date of Incident:	

DESCRIPTION OF DOCUMENTS REQUESTED:

(Please be very specific: Name of document, location, milepost, time period, etc.)

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Requestor Signature _____

SEND COMPLETED REQUEST TO:

Risk Management
Arizona Department of Transportation
1324 N. 22nd Avenue
Phoenix, AZ 85009-3715
or
Fax: 602-712-6545